

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 1 0

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

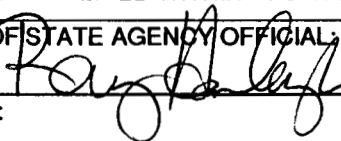
Attachment 3.1-A, Page 3c
Attachment 3.1-B, Page 3e9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Same, Pending Approval, TN 02-009
Same, Pending Approval, TN 02-00910. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to return the
benefit limit for home health services to 50 visits per state fiscal year. The benefit
limit of 25 visits per state fiscal year contained in State Plan Amendment TN 2001-037
will not be implemented.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Ray Hanley14. TITLE:
Director, Division of Medical Services15. DATE SUBMITTED:
March 29, 2002

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot S295**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

1 APRIL 2002

18. DATE APPROVED:

17 APRIL 2002

PLAN APPROVED - ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 APRIL 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Calvin G. Cline

Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

April 17, 2002

Our Reference: SPA-AR-02-10

Mr. Ray Hanley, Director
Division of Medical Services – Slot 1103
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

Enclosed is a copy of the HCFA-179 form referencing Transmittal Number AR-02-10 and dated March 29, 2002. This State Plan Amendment increases the benefit limit for home health services from 25 visits to 50 visits per State fiscal year. The amendment has been approved and incorporated into the official Arkansas State Plan with an effective date of April 1, 2002.

If you have any questions, please call J. P. Peters of my staff. Ms. Peters may be reached by calling (214) 767-2628 or by E-mail at jpeters@cms.hhs.gov.

Sincerely,

Calvin G. Cline

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 3c

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2002

CATEGORICALLY NEEDY

- 7.a. Home Health Services
- 7.b. Based on a physician's prescription as to medical necessity provided to eligible recipients at their place of residence not to include institutions required to provide these services. For services above 50 visits per recipient per State Fiscal Year, the provider must request an extension. Extension of the benefit limit will be provided for all recipients, including EPSDT, if determined medically necessary.
- 7.c. Medical supplies, equipment, and appliances suitable for use in the home.
- (1) Medical supplies are covered for eligible Medicaid recipients when determined medically necessary and prescribed by a physician. Services are provided in the recipient's home (Home does not include a long term care facility.) Supplies are limited to a maximum reimbursement of \$250.00 per month, per recipient. As medical supplies are provided to recipients through the Home Health Program and the Prosthetics Program, the maximum reimbursement of \$250.00 per month may be provided through either program or a combination of the two. However, a recipient may not receive more than \$250.00 in supplies whether received through either of the two programs or a combination of the two unless an extension has been granted. Extensions will be considered for recipients under age 21 in the Child Health Services (EPSDT) Program if documentation verifies medical necessity. The provider must request an extension of the established benefit limit.
- (2) Durable Medical Equipment (DME) - Services are covered in the recipient's home if prescribed by the recipient's physician as medically necessary. Some DME requires prior authorization. DME is limited to specific items. Specific DME is listed in Section III of the Prosthetics Provider Manual.
- (3) Augmentative Communication Device
- Services for recipients under age 21 are covered as a result of a Child Health Services (EPSDT) screening/referral. Services for recipients over age 21 are covered if prescribed by the recipient's physician as medically necessary. Prior authorization is required.
- (4) Specialized Wheelchairs
- Specialized Wheelchairs are provided for eligible recipients of all ages if prescribed by the recipient's physician as medically necessary. Prior authorization is required for some items. These items are listed in Section III of the Prosthetics Provider Manual.

SUPERSEDES TN- AR 01-37

STATE <u>Arkansas</u>	A
DATE REC'D <u>04-01-02</u>	
DATE APP'D <u>04-17-02</u>	
DATE EFF <u>04-01-02</u>	
HCFA 179 <u>AR 02-10</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 3e

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2002

MEDICALLY NEEDY

- 7.a. Home Health Services
- 7.b. Based on a physician's prescription as to medical necessity provided to eligible recipients at their place of residence not to include institutions required to provide these services. For services above **50** visits per recipient per State Fiscal Year, the provider must request an extension. Extension of the benefit limit will be provided for all recipients, including EPSDT, if determined medically necessary.
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